

OFFICE OF  
REFUND

PATENT  
DOCKET NO. 368953.313617  
SERIAL NO. 09/486,239

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#141 Reg for  
Refund  
04-01-02

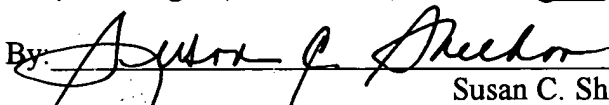
In re application of: Lorna FYFE  
Serial No.: ~~09/468,239~~ 09/486,239  
Filing Date: February 23, 2000  
For: Inhibitor and Preservative  
Formulation  
Docket No. 368953.313617

US PATENT & TRADEMARK OFFICE  
Art Unit: 1651  
Examiner: Patten, P.

Commissioner for Patents  
Washington, DC 20231

ATTENTION: REFUND SECTION,  
ACCOUNTING DIVISION  
OFFICE OF FINANCE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:  
Commissioner for Patents, Washington, D.C. 20231, on March 5, 2002.

By:   
Susan C. Sheehan

REQUEST FOR REFUND

Sir:

Applicant hereby requests a refund in the amount of \$890.00 which was charged to Deposit Account No. 04-0480 on October 2, 2001. The Examiner did not enter the amendment into record, but instead abandoned this application. Applicant encloses a copy of the response filed on September 20, 2001, the Notice of Abandonment, and a copy of the Deposit Account Statement as taken from the USPTO web on February 27, 2002.

Applicant will now have to file a Petition to Revive. Therefore, Applicant is entitled to a refund of the three month extension of time.

Adjustment date: 04/01/2002 EEKUBAY1  
10/02/2001 GTRAMEL 00000001 040480 09486239  
01 FC:117 890.00 CR

**I. Fees Paid For Which Refund Requested:****Amount of Refund  
Requested**

<input type="checkbox"/>	Filing Fee	\$
<input type="checkbox"/>	Surcharge for filing the basic filing fee on a date later than the filing date of the application (37 CFR §1.16(e) or 37 CFR 1.16(l))	\$ _____
<input checked="" type="checkbox"/>	Extension of Time	\$ 890.00
<input type="checkbox"/>	Issue Fee	\$ _____
<input type="checkbox"/>	Patent maintenance fee	
<input type="checkbox"/>	first maintenance fee	\$ _____
<input type="checkbox"/>	second maintenance fee	\$ _____
<input type="checkbox"/>	third maintenance fee	\$ _____
<b>TOTAL REFUND REQUESTED</b>		<b><u>\$890.00</u></b>

**IV. Manner of Refund:**

Please make refund by

☒ crediting Deposit Account No. 04-0480

Respectfully submitted,

Teresa O. Bittenbender  
Registration No. 47,425  
Attorney for ApplicantDECHERT  
4000 Bell Atlantic Tower  
1717 Arch Street  
Philadelphia, PA 19103  
Fax: 215.994.2222  
Attn: Teresa O. Bittenbender, Esq.  
(215.994.2213)